



New Employee Benefits Orientation 2003

CEO/Human Resources
Employee Benefits

County of Orange

2003 ENROLLMENT PROCESS

- ➡ To begin the process, your Agency will take your new hire information and input it into the County payroll system.
- ➡ The County sends an electronic file after each payday to the Benefits Center. The Benefits Center is your centralized resource for enrollment and benefit information. The Benefits Center takes that incoming information and generates a personalized Benefits Enrollment summary.

2003 ENROLLMENT PROCESS

- ➡ You will receive your Benefits Enrollment Guide and a personalized Benefits Enrollment Summary, which identifies your enrollment window, at your home address typically within 2-4 weeks of your hire date.
- ➡ Your Summary and Guide will contain all the information needed to make your elections. You will also receive your Personal Identification Number (PIN) which secures the privacy of your benefits. Your 4 digit PIN number is printed at the top of your Benefits Enrollment Summary.

2003 ENROLLMENT PROCESS

- ➔ Your PIN is what allows you the ability to either go online via the Benefit Center Web Site or to call the Benefits Resource Line and speak to a Benefits Specialist who will assist you in making those elections or to provide you benefits information.
- ➔ You have 30 days from the date on your personalized Benefits Enrollment Summary to make your elections.
- ➔ If you fail to make your elections within your 30 day enrollment period, you will receive the “Automatic Benefits coverage” as stated on your Benefits Enrollment Summary.

How To Choose Your Benefits

- ➡ Review all the information carefully.
- ➡ Review additional information (Health plan documents, Provider directories, HMO Agreements,) by visiting the Benefit Center Website at www.benefitsweb.com/countyoforange.html or by calling the toll free Benefits Resource Line at 1-866-325-2345.
- ➡ Call the specific Health Plan Member Services Department with additional questions.

How To Choose Your Benefits

- ⇒ Understand that different benefits are offered to different job classifications. Know what classification you are!

Employee Benefits Overview

- ⇒ Health Insurance Programs.
- ⇒ Effective Date of Coverage.
- ⇒ County Employee Married to County Employee.
- ⇒ Leave of Absence & Health Insurance Coverage.
- ⇒ HCRA/DCRA
- ⇒ Employee Assistance Program.
- ⇒ 457 Defined Contribution Program

Health Plan Rate Structure

- ⇒ County Pays **100%** of Employee Only Coverage for full time employees and 50% for part time employees (20-40hrs/wk).
- ⇒ County Pays **approx. 75%** of Family Coverage for full time employees.
- ⇒ Rates in effect until end of Plan Year (January 1 - December 31).

Health Plan Types

- ⇒ 3 Premier Preferred Provider Organization Plans. (PPO)
- ⇒ 2 Health Maintenance Organizations Plans. (HMO) - if your zip code is within the service area.
- ⇒ See Benefits Enrollment Guide for more information.

Health Plan Types

- Premier Preferred Choice PPO
- Premier Wellwise PPO
- Premier Sharewell PPO
- CIGNA Private Practice
- Kaiser

Premier PPO Plan Features

⇒ Freedom of Choice

⇒ “In-Network”- CCN (90% / 10%).

- Network Provider Directories available on the Benefits Center Web Site or by calling Delta Health Systems.

⇒ “Out-of-Network” (80% / 20%).

Premier PPO Plan Features

- ⇒ **Plan Document** describes plan coverage, exclusions and limitations.
- ⇒ **Pre-existing Condition** Exclusions Apply
- ⇒ Prescription Drug Program.
- ⇒ Calendar year deductibles apply
- ⇒ Lifetime maximums.

Premier PPO Plan Features

- ➡ Required to Submit Claim Forms for Reimbursement of Medical Expenses.
- ➡ Pre-certification Review Required for Scheduled Hospitalizations/Penalty Applies.
- ➡ Self-Insured Plans.

Premier PPO Plan Features

Delta Health Systems - Claims Administrator:

- ➔ Pay benefits according to Plan Document.
- ➔ Issue EOBs and ID Cards.
- ➔ Provide Customer Service.
- ➔ Conducts hospital Pre-Certification Review.
- ➔ Case Management.
- ➔ PPO Network - **CCN.**
www.ccnusa.com/dol/index.html
- ➔ Provider Directories
- ➔ **365-day** Claims Filing Limit.

Premier Preferred Choice PPO

- ⇒ \$100 Individual/\$200 Family Deductible.
- ⇒ \$2,000,000 Lifetime Maximum per enrolled member.
- ⇒ Chiropractic coverage.

Premier Wellwise PPO

- ⇒ \$200 Individual Deductible/ \$500 Family Deductible.
- ⇒ \$1,000,000 Lifetime Maximum per enrolled member.
- ⇒ Chiropractic coverage.

Premier Wellwise Rebate

⇒ Year-End Wellness Incentive:

- ➔ Annual rebate (taxable) for non-use of plan.
- ➔ \$200/ee only, \$400/ee+1, \$500/family.
- ➔ \$50 non-smoker award (employee only).
- ➔ Plan members can hold claims until deductible is satisfied to compare w/ rebate.
- ➔ Use of Caremark benefits will make you **ineligible** for rebate.

Premier Sharewell PPO

- ⇒ **\$5,000** family deductible.
- ⇒ An **Option or Alternative** for employees with other comprehensive coverage.
- ⇒ Chiropractic coverage.
- ⇒ Pay Check Credit instead of deduction for Full Time employees.

Premier PPO Plan

Preventive Care

- ⇒ In Network Only
- ⇒ 100% coverage based upon medical guidelines, no deductible, no yearly maximum for children through age 18.
- ⇒ 100% coverage, no deductible, \$250 a year maximum for adults age 19 and over.
- ⇒ Newborn hospital charges covered at 90% in-network, 80% out of network.

Prescription Drug Program

- ⇒ Prescription Drug Program through Caremark, Inc. offered under both Premier Preferred Choice and Premier Wellwise PPO Plans:
 - pay 20% of discounted price
 - no annual deductible.
 - mail order drug program (maintenance Rx) (greater than 30 days). Larger Discount.
- ⇒ **Premier Sharewell Plan** must submit Rx claims for reimbursement.
- ⇒ Read your Benefits Enrollment Guide for more information.

HMO Plan Features

- ⇒ Managed Care Programs.
- ⇒ Preventative, Diagnostic & Comprehensive Major Medical Coverage **Included**.
- ⇒ **Minimal Co-payments** for Health Services and Prescriptions.
- ⇒ Pre-Existing Conditions are waived.
- ⇒ **No** Claim Forms to file.
- ⇒ **No** Annual Deductibles to Satisfy.
- ⇒ **No** Lifetime Maximums.

HMO Plan Features

⇒ **Know** Your HMO Plan and Work **within** HMO Plan when Obtaining Health Services:

- Physician Selection. (must select and utilize a Primary Care Physician (PCP) covered by the plan for all non-emergency care.)
- Cannot opt out of CIGNA if your Primary Care Physician leaves the plan during the year.
- Referrals to Specialist. (Must be done by PCP)
- Must use Plan hospitals.

HMO Plan Features

- ➡ When Obtaining Urgent or Emergency Care Outside of Service Area:
 - Must contact HMO **immediately** (actual timeframe determined by HMO); otherwise health services **may not** be covered.

CIGNA Private Practice HMO

- ⇒ CIGNA has contractual arrangements with medical groups, private practice physicians and hospitals.
- ⇒ \$5 co-payment for office visits.
- ⇒ \$5 co-payment for prescriptions.
- ⇒ Mail-order drug program (maintenance Rx).
- ⇒ Limited vision plan through Vision Service Plan.
- ⇒ Read the Benefits Enrollment Guide for more information.

Kaiser HMO

- ⇒ Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees.
- ⇒ \$5 co-payment for office visits.
- ⇒ \$5 co-payment for prescriptions.
- ⇒ Mail-order drug program (maintenance Rx).
- ⇒ Limited vision plan through Kaiser.
- ⇒ Read the Benefits Enrollment Guide for more information.

HMO Chiropractic Care

- ⇒ Provided by CIGNA and Kaiser through American Specialty Health Plans (ASHP).
- ⇒ Over 1,800 Credentialed Chiropractors.
- ⇒ Call the ASHP Provider directly to schedule an appointment. Must go to an authorized provider for services to be paid.
- ⇒ Go to www.americanspecialtyhp.com to look for a network Chiropractor.
- ⇒ \$5.00 co-pay per visit, up to 30 visits per year.

Health Plan ID Cards

- ➡ Combined PPO/Caremark I.D. Card issued by **Delta Health Systems** (2 Cards issued in subscriber's name)
- ➡ HMO ID cards will be issued directly from the HMO plan selected.
- ➡ New Health Plan ID cards will be sent within 30 days from the date you receive your Confirmation Statement.
- ➡ Your health ID card contains **important** information and telephone numbers.

Dependent Eligibility

- ⇒ Legal Spouse.
- ⇒ Children through age 18.
- ⇒ Full-Time Students must carry 12 units and be age 19 through 22 (ineligible at age 23).
- ⇒ Incapacitated children (enrolled prior to 19th birthday).
- ⇒ Children of Adoptions and Legal Custody Awards.
- ⇒ Parents or grandparents are **ineligible**.

Dependent Eligibility

- ➡ It is your responsibility to notify the Benefits Center within 30 days of the life event when a dependent becomes eligible or ineligible for coverage.
- ➡ Dependents, when terminated, may be able to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

County Employee Married To County Employee (EME)

- ⇒ County pays 100% of health plan premiums for those active full-time married employees enrolled in the same plan. One spouse must be a subscriber, while the other enrolls as a dependent.
- ⇒ Contact Benefit Center for required EME form.

County Employee Married To County Employee (EME)

- ⇒ May enroll in separate health plans- dependents premiums will apply.
- ⇒ Divorce will make employees ineligible for EME. Must report to Benefits Center within 30 days.

Adding or Dropping Dependents During the Plan Year

⇒ Qualifying Life Event **Only**:

- Marriage/Divorce
- Birth/Adoption
- Commencement or Termination of Spouse's Coverage
- Dependent No Longer Eligible under Plan Guidelines
- Notify Benefits Center within 30 days of event.

Annual Open Enrollment

- ⇒ Only time of the year Plan Changes can be made.
- ⇒ Pre-existing condition exclusions are waived for PPO plans.
- ⇒ Held in the fall each year.
- ⇒ Changes made are effective January 1st of following year.

Before-Tax Deductions

- ⇒ Applies to Dependent Health premiums, P/T Health Care premiums and 1% Retiree Medical Insurance Deduction.
- ⇒ Allows for **before-tax** payroll deductions.
- ⇒ Can only drop dependents with a qualified life event.

Retiree Medical Insurance Program

- ➡ Designed to assist in the cost of continuing medical coverage as a County retiree.
- ➡ Retiree Medical Insurance Grant:
 - Provides monthly retiree medical insurance grant based on 10 years of County Service.
 - Age 50 with 10 years of eligible County service.
- ➡ Please refer to the Benefits Enrollment Guide for more information.

Retiree Medical Insurance Lump Sum Cash Benefit

- ➡ You will be paid in a taxable lump sum cash benefit if you terminate employment and do not meet eligibility requirements for the monthly Retiree Medical Insurance Grant.

Important Dates for Health Insurance Coverage

- ➡ Health Benefits Effective Date - First day of the month following 30 days from the date of hire.
- ➡ You will receive a **Benefits Confirmation Statement** mailed to your home once you have made your elections.
- ➡ Review your Confirmation Statement carefully.
- ➡ You will have 10 business days from the date of this statement to report corrections to your benefits coverage.

Important Information About Health Insurance Coverage

- ⇒ If the information is incorrect contact the Benefits Resource Line at 1-866-325-2345.
- ⇒ Automatic coverage if you do nothing will be:
 - Full-time employees - **Wellwise Plan** - **employee only** coverage.
 - Part-time employees - **Sharewell Plan** – **employee only** coverage.

Leave of Absence & Health Insurance Coverage

- ⇒ When on a leave of absence and off payroll, you will be responsible for the **full premium** (County and employee share) to continue health insurance coverage.
- ⇒ Family Medical Leave – required to pay normal Employee share of coverage.
- ⇒ You will be billed on a monthly basis.
- ⇒ You will be sent a Leave of Absence package in the mail that provides you the information.

Dependent Care Reimbursement Account (DCRA)

- ⇒ Option for employees who pay for child or elder care.
- ⇒ May allocate **before-tax salary** to pay for eligible day care expenses.
- ⇒ “Use it or Lose it” rule applies – allocate wisely.
- ⇒ Contributions taken out of paycheck.
- ⇒ To determine if this plan is the best choice for you, we recommend that you consult with a tax advisor prior to enrollment.

Health Care Reimbursement Account (HCRA)

- ⇒ Option for employees to allocate before-tax salary to pay for eligible medical, dental or vision expenses not covered or only partially covered by your health plans.
- ⇒ Contributions taken out of paycheck.
- ⇒ Because of tax consequences, recommend that you consult with a tax advisor prior to enrollment.
- ⇒ “Use it or Lose it” rule applies – allocate wisely.
- ⇒ **Court employees are excluded from this benefit.**

DCRA/HCRA

➔ For additional information about both of these programs:

- Refer to the Benefits Enrollment Guide, the Benefits Center Web Site or call the Benefits Resource Line.
- For a detailed list of eligible and ineligible expenses, you may call the IRS at 800-829-3576 and ask for Publication 503, or visit the IRS web site at www.irs.gov.
- Consult a qualified tax advisor for more information about these plans prior to enrolling.

Employee Assistance Program (EAP)

- ⇒ Available through Employee Support Systems Co. (ESSCO) - **no cost to employee.**
- ⇒ Referrals to professional counselors for assistance w/legal, family issues, childcare and other referrals – **confidential.**
- ⇒ Available **24 hrs / 7 days** a week. **Call 1-800-221-0945** to schedule an appointment.
- ⇒ Available to all members of household.
- ⇒ If additional counseling is required, will either coordinate with health plan when services are covered or refer to discounted providers.

Other Benefits

- ⇒ Dental, Vision, Life and Disability Insurance.
- ⇒ Based on your Bargaining Unit.
- ⇒ Contact your Labor Organization.

Your Responsibility

- ⇒ Carefully review **ALL** the information.
- ⇒ Understand all plan provisions, limitations and exclusions **before** enrolling - this avoids surprises later.
- ⇒ Review additional information to help assist you in your decision (ie: plan documents, provider directories, etc.) by logging on to the Benefits Center Web Site or calling the Benefits Resources Line.
- ⇒ Make your elections to **avoid Automatic Coverage**.
- ⇒ **Carefully review your Benefit Enrollment Summary and Confirmation Statement and report corrections immediately.**

Resources To Help In Your Health Plan Decisions:

For PPO Benefit Information contact:

Delta Health Systems 1-888-881-9295

For PPO Preferred Providers/Hospitals contact:

Community Care Network 1-800-247-2898

For PPO Prescription Drug Information contact:

Caremark 1-866-212-4758

Additional Resources:

For HMO Benefit Information contact:

CIGNA Customer Service	1-800-244-6224
Vision Service Plan	1-800-877-7195
Kaiser Customer Service	1-800-464-4000
ASHP (Chiropractic)	1-800-678-9133

<u>BenefitsCorp. (457 Plan)</u>	1-866-457-2254
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Additional Resources:

- ⇒ If you would like to attend a live “New Employee Benefits Orientation”, go to the County of Orange website at www.oc.ca.gov/hr/employeebenefits/ and check for the time and location.
- ⇒ These orientations are conducted once a month.

County of Orange Benefits Center

➡ Benefit Resources Line: 1-866-325-2345

Website:

WWW2.benefitsweb.com/countyoforange.html

➡ Once the Benefits Center has your new hire information you are able to access information either via the Benefits Center Web Site or calling the Benefits Center Resource Line and speaking to Benefits Specialist.

457 Defined Contribution Program

- ⇒ Voluntary supplemental Retirement Savings Program (It is not OCERS, but in addition to it).
- ⇒ Administered by BenefitsCorp.
- ⇒ May contribute up to \$12,000 (2003) of before-tax income to program.
- ⇒ Convenient before-tax payroll deductions.
- ⇒ Employee contributory.
- ⇒ Can stop or start at any time.
- ⇒ Wide range of investment options.
- ⇒ www.benefitscorp.com/countyoforange